|                                                                                                                                   |                                                                                       |                                           |                     |                                   |              |                  |      |                   | Application or Docket Number |        |                               |                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|---------------------|-----------------------------------|--------------|------------------|------|-------------------|------------------------------|--------|-------------------------------|-------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOFE Effective October 1, 2003                                                             |                                                                                       |                                           |                     |                                   |              |                  |      | 10,795,973        |                              |        |                               |                         |  |
|                                                                                                                                   |                                                                                       |                                           |                     |                                   |              |                  |      |                   |                              |        | OTHER THAN<br>OR SMALL ENTITY |                         |  |
| TOTAL CLAIMS                                                                                                                      |                                                                                       |                                           | 42                  |                                   |              |                  |      | RATE              | FEE                          | 7      | RATE                          | FEE                     |  |
| FOR                                                                                                                               |                                                                                       |                                           | NUMBER FILED        |                                   | NUMBER EXTRA |                  |      | BASIC F           | EE 385.00                    | OR     | BASIC FEE                     | 770.00                  |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                           |                                                                                       |                                           | 41 minus 20=        |                                   | . 22         |                  |      | X\$ 9:            | 128                          | OR     | X\$18=                        |                         |  |
| INDEPENDENT CLAIMS                                                                                                                |                                                                                       |                                           | [, b minus 3 =      |                                   | . 7          |                  |      | X43=              |                              | OR     | X86⇒                          |                         |  |
| MI                                                                                                                                | JLTIPLE DEPE                                                                          | NDENT CLAIM P                             | RESENT              |                                   |              |                  |      |                   |                              | 1      |                               |                         |  |
| • 11                                                                                                                              | the difference                                                                        | in column 1 is                            | less than z         | zero, enter "0" in column 2       |              |                  |      | +145=             |                              | OR     | +290=                         |                         |  |
| CLAIMS AS AMENDED - PART II                                                                                                       |                                                                                       |                                           |                     |                                   |              |                  |      | TOTAL             | 804                          | OR     | TOTAL                         |                         |  |
|                                                                                                                                   | (Column 1) (Column 2) (Column 3)                                                      |                                           |                     |                                   |              |                  |      | SMAL              | L ENTITY                     | OR     | OTHER<br>SMALL                |                         |  |
| AMENDMENT A                                                                                                                       |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER          | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE       |        | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
|                                                                                                                                   | Total                                                                                 | - 42                                      | Minus               | - 4                               | 7            | - V              |      | X\$ 9=            |                              | OR     | X\$18=                        |                         |  |
| ME                                                                                                                                | Independent                                                                           | - 10                                      | Minus               | *** /                             |              |                  |      | X43=              |                              | OR     | X86=                          |                         |  |
|                                                                                                                                   | FIRST PRESE                                                                           | ULTIPLE DE                                | PLE DEPENDENT CLAIM |                                   |              |                  | .445 | -                 | 1                            | .000   |                               |                         |  |
|                                                                                                                                   |                                                                                       |                                           |                     |                                   |              |                  | L    | +145=             | _ !                          | OR     | +290=<br>TOTAL                |                         |  |
| 3/30/6 (Column 1) (Column 2) (Column 3)                                                                                           |                                                                                       |                                           |                     |                                   |              |                  | ^    | DOIT. FE          |                              | OR     | ADDIT. FEE                    |                         |  |
|                                                                                                                                   | 7 201 0                                                                               | CLAIMS                                    |                     | HIGHT                             |              | (Calumn 3)       |      |                   | LADDI                        | 1      |                               | 468                     |  |
| AMENDMENT B                                                                                                                       |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT           |                     | NUME<br>PREVIO<br>PAID F          | USLY         | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE       | ٠.     | RATE                          | ADDI-<br>TIONAL<br>FEE  |  |
|                                                                                                                                   | Total                                                                                 | 5                                         | Minus .             | -4                                | 2            | = 0              |      | X\$ 9=            | 0                            | OR     | X\$18=                        |                         |  |
|                                                                                                                                   | Independent                                                                           | * /<br>NTATION OF MU                      | Minus               | SENDENT                           | CI AUA       | <u>ا</u>         |      | X43=              | 0                            | OR     | X86≈                          |                         |  |
| <u>.</u>                                                                                                                          | THOTTICOL                                                                             | TOTALION OF MIC                           | CTIPLE UEF          | ENDENT                            | COGM         |                  |      | +145=             | 0                            | OR     | +290=                         |                         |  |
|                                                                                                                                   |                                                                                       | •                                         |                     |                                   |              |                  | A    | TOTA<br>DOIT. FEI |                              | OR     | TOTAL<br>ADDIT, FEE           |                         |  |
| (Column 1) (Column 2) (Column 3)                                                                                                  |                                                                                       |                                           |                     |                                   |              |                  |      |                   |                              |        |                               |                         |  |
| MEN                                                                                                                               |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | -                   | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE       |        | RATE.                         | ADDI-<br>TIONAL<br>FEE: |  |
|                                                                                                                                   | Total                                                                                 | •                                         | Minus               | <b>u</b> n                        |              | -                | Γ    | X\$ 9=            |                              | OR     | X\$18=                        |                         |  |
|                                                                                                                                   | Independent                                                                           |                                           | Minus               | ***                               |              | *                |      | X43=              | 1                            |        | X86=                          |                         |  |
| 1                                                                                                                                 | FIRST PRESE                                                                           | NTATION OF MU                             | LTIPLE DEF          | ENDENT                            | CLAIM        |                  | ·    | 77700             |                              | OR     |                               |                         |  |
| • 14                                                                                                                              | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                           |                     |                                   |              |                  |      |                   |                              | OR     | +290=                         |                         |  |
| —If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE |                                                                                       |                                           |                     |                                   |              |                  |      |                   |                              |        |                               |                         |  |
| Ť                                                                                                                                 | he "Highest Num                                                                       | ber Proviously Paid                       | For (Total or       | independer                        | nt) is the   | highest number   | foun | d in the a        | ppropriate box               | in cot | umn t                         | l                       |  |